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Lindholm, Camilla

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Self-directed Speech and Dialogue in Dementia Care: the Potential of Co-participants' Contributions

Camilla Lindholm (ORCID: 0000-0001-9220-5414)^{a*} and Camilla Wide (ORCID: 0000-0001-8845-9438)^b

^a Department of Finnish Language, Finno-Ugrian and Scandinavian Studies, University of Helsinki, Helsinki, Finland; ^b Scandinavian Languages, University of Turku, Turku, Finland

Correspondence should be sent to Camilla Lindholm, Department of Finnish Language, Finno-Ugrian and Scandinavian Studies, P.O. Box 24, FIN-00014, University of Helsinki, Helsinki, Finland. E-mail: Camilla.Lindholm@helsinki.fi

Camilla Lindholm's main research areas are interaction in institutional settings and asymmetric interaction involving participants with communication impairments. Her methodological approaches are conversation analysis and interactional linguistics, and she takes an interest in applying her research findings and creating a dialogue with society. Recent projects include "Interaction, Social Inclusion and Mental Illness" (Academy of Finland, 2017–2021).

Camilla Wide is professor of Scandinavian Languages at the University of Turku. Her main areas of research are interaction in institutional settings, the grammar of spoken language, cross-cultural pragmatics, language variation, and language contact. Recent projects include "Interaction and Variation in Pluricentric Languages—Communicative Patterns in Sweden Swedish and Finland Swedish" (Riksbankens Jubileumsfond, 2013–2020).

Self-directed Speech and Dialogue in Dementia Care: the potential of Co-participants' Contributions

Dementia is associated with an ongoing decline in language function, involving both language production and comprehension. Maintaining a conversation with persons with dementia may be challenging. In this conversation analytic case study of one individual with dementia, we investigate how the contributions of professional caregivers affect the linguistic contributions of the speaker with dementia. The data are drawn from a five-hour video corpus collected at a Swedish speaking care facility in Finland. In comparing self-directed speech and dialogue, the results show how professional caregivers can induce change in the linguistic and interactional behaviors of a person with dementia. Introducing an interactional perspective to self-directed speech and dialogue, this study provides new insights into the notion of a “good conversation” in dementia care.

Keywords: dementia; interaction; conversation analysis; caregiving; self-directed speech

Introduction

In dementia, linguistic abilities gradually deteriorate over time, which typically leads to a dramatic diminishment of communicative skills. Both language production and comprehension are affected, and communication is additionally complicated by impairment in nonverbal skills [1]. When the linguistic abilities of the person with dementia decrease, the responsibility for moving the conversation forward is transferred onto the co-participant. The interaction is asymmetric, and the division of the communicative labor is changed because of communicative difficulties [2].

In this article, we study communication by and with one person with dementia. The investigated person's linguistic contributions vary according to different types of speech situation. In self-directed speech, she uses fairly complex and elaborate constructions. In dialogue with co-participants, her linguistic input is more restricted, but she clearly orients to

engaging in the interaction. An interesting aspect to explore is how her language use is affected by the contributions of her co-participants. In addition to analyzing the variation between self-directed speech and dialogue, we investigate the impact of caregivers' contributions.

Data, Participants, and Methods

The data consists of five hours of video and audio recordings collected at a Swedish language care facility in Finland over a four-month period in 2014. The person with dementia is a female resident in her 80s, henceforth referred to as Emma. During fieldwork at the facility, the first author observed that Emma frequently engages in self-directed speech, talking audibly without any visible recipients. In these sequences, she displays an extensive vocabulary despite repeating formulaic phrases [3]. At the same time, Emma's self-directed speech contains many responsive features, such as response particles [4,5]. In the data set, Emma engages in dyadic interactions with eight professional caregivers during different caregiving tasks. The extracts analyzed in this article feature one professional caregiver, Laura, and one nursing trainee, Veronica. Interactions between Emma and fellow residents are not focal points of the analysis.

In our analysis, we combine conversation analysis (CA) with interactional linguistics. When studying dialogues, we use CA, which focuses on the interaction among co-participants as a collective process in which they cooperate to produce meaning [6], not on the individuals themselves. In our study of self-directed speech we use a combination of interactional linguistics and CA, concentrating on linguistic structures and other-oriented responsive features. Because there are no contributions from interlocutors in sequences with self-directed speech, the so-called next turn proof procedure in CA cannot be used.

Self-directed Speech

Psychologists, such as [7] and [8], have investigated the phenomenon of children speaking to themselves during creative play and other activities. This so-called egocentric speech has been

demonstrated to benefit children in various ways, facilitating, for example, memory enhancement and self-regulation [9]. It is assumed to vanish and transform into inner speech planning when children are approximately seven years old [7].

[10] distinguishes among three different types of private speech among adults: thinking aloud speech, embedded private speech, and self-regulatory utterances of second language learners. Thinking aloud speech covers the verbal exploration of problems—for example, in laboratory settings and during artificial tasks. Embedded private speech occurs in public performance settings, such as lecturing, when the speakers need to reorganize and use utterances such as “Let’s see, where was I?”. Self-directed utterances, such as “I don’t know what to say,” are often used by learners of a second language in storytelling tasks. All three types are problem-solving strategies. In an experimental study [11], the participants were asked to search for common objects and to occasionally speak the searched-for object’s name aloud. The study demonstrated that verbal labeling facilitated visual search performance, indicating that verbal language had an effect on the participants’ nonverbal cognitive processes. Another study [12] demonstrated how basketball players who uttered positive self-talk phrases aloud during their sports performance achieved better results than the control group.

Internet searches show that professional and informal caregivers often wonder why persons with dementia talk to themselves. In the research literature, observations about persons with dementia talking to themselves can mainly be found in studies of repetitive verbalizations through which they demand constant attention, also known as “verbally or vocally agitated behavior” [13,14]. However, persons with dementia also engage in self-talk that cannot be classified as verbal agitation. In our study, we focus on this self-directed speech as contributions with the potential for constituting social actions rather than being disruptive verbal behavior (for a parallel, cf. [15] on nonverbal vocalizations as communicative

contributions). To our knowledge, there are no previous accounts of this. Therefore, the intersection between self-directed speech and features typical of dialogue with other(s) in the speech of one person with dementia constitutes a fruitful subject for an interactional and linguistic study.

Communication as Care

In dementia care, the approach of person-centered care [16,17] has replaced the older medical model that focuses on symptoms and the associated loss of ability. Today, person-centered care, with its focus on holistic caregiving, positive interactions, and personhood, is considered the ideal in dementia care. In spite of this, practices associated with the disease- and task-oriented perspectives on dementia care are still used. Previous research on nursing home interaction [18] has demonstrated an overall scarcity of communication between nursing home residents and their caregivers, as well as a disparity between the task-focused agenda of the staff and the relationship-oriented interests of the residents; silence has been demonstrated to be the dominant mode of caregiving encounters [18]. Research has also reported a predominance of care-related over non-care-related types of talk [19], hurriedness in caregiving situations [20], and infantilizing communication, particularly during caregiving tasks [21].

In line with the ideal of person-centered care and its inherently relational and interactional focus, previous studies have indicated that the task-orientation and hurriedness of care may result in neglect of the potential of persons with dementia. As outlined by [18,p.629], “The project found that persons with dementia are both capable of communication, and invest much effort in seeking to engage those around them, but are excluded from the monitoring, planning and provision of care in ways that we argue are discriminatory.”

The clinical applications of these studies suggest that dementia care would be improved if communication with residents was considered a professional task rather than a work break [18].

In this study, we consider how more communication and a greater orientation toward social encounters with residents, which are key components of high-quality care, are managed in practice. In what ways are task-oriented and socially-oriented interactions carried out, and what are the implications of this for care?

Analysis

The focus in our analysis is on Emma's interactional and linguistic behavior in various language use contexts and on her co-participants' potential to be change-inducing agents for how she speaks and interacts. The examples illustrate a considerable variation in Emma's language use depending on the contributions of the co-participants. This is a finding with clear clinical implications.

Task-based Interaction

When professional caregivers assist Emma with, for example, eating, they typically accompany their embodied actions with verbal comments. Emma responds to these initiatives with embodied actions and, occasionally, she responds verbally. In the latter case, she typically uses the particle *jaså* [5], which indicates news receipt, information receipt, or a change of state [22,23]. Extract 1 features a mealtime situation in which nurse Laura and Emma are discussing the juice Emma is drinking.

1 Emma drinking juice (E = Emma, elderly lady; L = Laura, nurse)

01 L: småka lite

have a taste

02 (5.7) ((Emma takes a gulp and swallows))

03 E: (.mt) jo ((nickar))

(.mt) yes ((nods))

04 (0.5)

05 L: *mm* ((looks at Emma))

06 *(1.3) ((Laura brings the glass to Emma's mouth))*

07 E: i:nt tycker ja om den (0.6) nej

n:ɔ I don't like it (0.6) no

08 L: mm (0.6) int smakar de nå illa den h[är (.) (.hh)

mm (0.6) no this doesn't taste bad at a[ll (.) (.hh)

09 E: [nej

[no

10 L: [de e tranbärssaft Emma

[it's cranberry juice Emma

11 E: [nej

[no

12 *(2.3) ((Emma drinks. Laura puts the glass down))*

13 L: (.mt) å de e gan[ska mycky socker i den där

(.mt) and there's quite a lot of sugar in that

14 E: [(mt) ja

[(mt) yea

15 L: saften vet du ((ser på Emma))

juice you know ((looks at Emma))

16 (0.5)

17 E: jaså? ((nickar))

ahaa? ((nods))

Muotoiltu: ruotsi (Ruotsi)

Muotoiltu: ruotsi (Ruotsi)

Muotoiltu: ruotsi (Ruotsi)

18 (.)
19 L: jå
 ~~yea~~

Extract 1 is a typical example of a situation in which a professional caregiver produces an initiative and addresses Emma. In most cases, their verbal initiatives are intertwined with caregiving and connected to the ongoing situation. In line 1, nurse Laura asks Emma to have a taste of the juice she hands her. In caregiving situations such as this, verbal initiatives have the function of contributing to the ongoing activity. In this case, however, the activity does not progress directly. When Laura brings the glass of juice to Emma's mouth, she refuses to drink and expresses her dislike for the juice. Emma's utterance in line 7 ("No, I don't like it") initiates a negotiation. In line 8, Laura expresses a positive evaluation of the juice, which functions as a counterargument to Emma. Later, in line 10, she provides the name of the juice. Both her positive evaluation and her mentioning the name of the juice can be considered attempts to persuade Emma to drink. After Emma drinks, Laura says that the juice contains a lot of sugar (l. 13). Her description of the amount of sugar in the juice might be an indication of her calibrating Emma's taste experience against the actual content of the juice, making it easier for Emma to assess the taste positively.

Both Laura's initiatives and Emma's contributions in extract 1 are typical of Emma's interactions with caregivers during, for example, mealtimes. Most of Emma's contributions consist of minimal response particles, such as *jo* "yes," *nej* "no," *jå* "yes," and *jaså* "aha" (ll. 3, 7, 9, 11, 14, and 17). Only occasionally does she produce more initiative-like utterances, such as her assessment of the juice in line 7. This assessment starts with the initial negation *inte* "not," which is typical of responsive contributions, particularly in the Swedish language varieties spoken in Finland [24]. Although Emma's contributions are fairly short and limited

in extract 1, they have a clearly dialogic character. However, Emma's contributions in task-oriented caregiving situations are strongly related to context, and she continues responding to the verbal and embodied initiatives produced by the caregiver. In extract 1, the mealtime frame creates an environment in which the person with dementia contributes by commenting on the situation at hand. The results of [18] noted that residents typically contribute with constrained input, i.e. a restricted amount of speech, during caregiving tasks. However, as demonstrated in extract 1, an alternative interpretation is possible: even if the person with dementia produces a restricted amount of speech, their contributions may be uttered in sequential contexts in which minimal contributions may be relevant and sufficient. This is true both for Emma's response (l. 3) to the request in line 1 and for her responses to the nurse's statements about the juice in lines 8, 10, 13, and 15.

[18] further demonstrated a connection between a person with dementia's compliance with the task and the verbal output produced by the caregiver: the caregivers spoke minimally in situations where the residents complied with the tasks. In contrast, when a resident failed to comply with a task, there was more verbal input from the caregiver. This is also the case in our dataset. Extract 1 demonstrates instances of both compliance and non-compliance. In line 2, Emma complies with the action of drinking juice, and this complying action is followed by minimal verbal tokens by both Emma (l. 3) and Laura (l. 5). However, Emma's utterance in line 7 appears to be an instance of non-compliance: when Laura brings the glass to Emma's mouth, Emma expresses her negative opinion about the juice. Emma's non-complying utterance has a more elaborate linguistic form, and it causes Laura to produce more elaborate utterances (ll. 8, 10, 13–15) in an attempt to convince Emma to comply with the action of having more juice. After she has complied with the action, Emma goes back to producing minimal response particles (ll. 14, 17, 19).

Self-directed Speech

Based on Emma's interactional behavior in extract 1, one could easily assume that her vocabulary is mostly restricted to a limited repertoire of response particles, with occasional initiatives. However, this is not the case, as illustrated in extract 2, which involves self-directed speech. For extract 2, we combine grammatical and interactional analyses.

2 Self-directed speech (E = Emma, elderly lady)

01 E: ta dem h_it jo (2.7) talar du vackert jo

take them here yes (2.7) if you speak beautifully yes

02 (1.9) jo: (2.8) ↑så: s_over di bra (0.4) jo g_ott

(1.9) ye:s (2.8) ↑then: they sleep well (0.4) yes well

03 jo (1.8) de blir bra jo (2.5) ja tr_or de också jo (2.3)

yes (1.8) it will be fine yes (2.5) I think that too yes

04 (2.3) di e vanliga människor jo (1.4) *(jå)* (1.6)

*(2.3) they are ordinary people yes (1.4) *(ya)* (1.6)*

05 (va de alla) (2.5) (e di) bara ↑li::te <pojkar (i)

(were they all) (2.5) (are they) just a ↑fe::w <boys (in

06 jo> (1.4) jo: vi talade me dem sen jo: (3.0) jo

yes> (1.4) ye:s we spoke to them later ye:s (3.0) yes

07 (1.9) ni e trevliga jo (2.6) ↑sen får vi tala

(1.9) you ((plural)) are nice yes (2.6) ↑then we can speak

08 me: oss jo (1.9) så ↑får vi tala me oss jo (1.8)

to: us yes (1.9) then we ↑can speak to us yes (1.8)

09 nå::n, pojke där (1.8) som ha vari där jo (2.2) (så:

so::me, boy there (1.8) who has been there yes (2.2) (so:

10 e: *så stor) jo* (2.0) (.mt) att di får sen jo

- i:s big) yes* (2.0) (.mt) that they then (get to/can) yes*
- 11 (2.1) lite (dīm̩la:) jo: (1.8) så ↑får du
(2.1) a little (-) ye:s (1.8) then you ↑(get to/can)
- 12 äta me dem nånting jo (1.9) jo (2.8) ja (3.3)
eat something with them yes (1.9) yes (2.8) yes (3.3)
- 13 ja: vi ska komma hem snart jo (1.9) sen (tear) vi
ye:s we will come home soon yes (1.9) then we'll (teake)
- 14 ännu till jo (2.2) å nu e de så dåligt
even more yes (2.2) and now it's so bad
- 15 sent ren också jo (1.8) (.mt) (nu)
late already too yes (1.8) (.mt) (now)
- 16 måst de va: de jo (1.7) ganska sent e de jo (1.8) jo
it has to be: so yes (1.7) it's quite late yes (1.8) yes
- 17 (2.5) kanske vi får so:va me dem jo (2.2) jo
(2.5) maybe we get to slee:p with them yes (2.2) yes
- 18 (2.7) vi talar här då jo (2.3) jo vi säger så (2.4)
(2.7) then we speak here yes (2.3) yes let's say so (2.4)
- 19 sover riktigt gott jo (2.9) så sover gott denhä natten
sleep really well yes (2.9) then sleep well this night
- 20 jo (1.7) de e bra de jo (1.7) jo: de e fint jo
yes (1.7) that's good yes (1.7) ye:s that's nice yes

As the transcript shows, Emma develops talk with relatively complex language structures. In line 1, Emma uses the pronoun *du* (“you,” singular) and the imperative clause *ta dem hit* (“take them here”). She continues to define the target of the action as “ordinary people” (l. 4) and “a few boys” (l. 5). In lines 7–10, Emma interrupts what seems to be a story: she

produces the assessment “you (plural) are nice” (l. 7) and speaks about “some boy” (l. 9). In line 10, she reintroduces “they,” and lines 11–12 provide a description of a future action and who it concerns, the person she is speaking to, and the unspecified “they”: “then you can eat something with them, yes.” The following lines involve various temporal references. Emma repeatedly uses the phrase “it’s late” (ll. 15, 16) before introducing the next event: “sleeping with them” (l. 17). Her use of the adverb *kanske* (“maybe,” l. 17) and the phrase *jo vi säger så* (“yes, let’s say so,” l. 18) gives the impression that she is making a suggestion to somebody in a conversation that is now coming to an end. In line 19, Emma seems to come to a conclusion about sleeping well the following night. This conclusion is followed by two assessments—*de e bra* (“that’s good”) and *de e fint* (“that’s nice”).

A closer analysis of Emma’s self-directed speech in extract 2 gives the impression that she is not building up a narrative but having a conversation with someone. She seems to be making arrangements for having guests over for a meal and to stay the night. Her account of the actions that need to be taken is combined with assessments about the guests and what is needed to make the guests feel comfortable. Emma starts by stating, “if you speak beautifully, they sleep well” (ll. 1–2). Her combination of a conditional clause and a main clause indicates that some kind of effort is needed to make the guests feel comfortable. Emma then confirms that this is a good plan (l. 3), and she continues to describe the persons talked about as “ordinary people” (l. 4) and “just a few boys” (l. 5). These lexical choices, as well as the use of the adverb “just,” indicate that the guests are not demanding; they do not need much to be satisfied. The four following lines (7–10) are difficult to interpret because of Emma’s unconventional use of pronouns, but, from line 10 onward, she goes back to summing up the plans for the guests and the needed actions.

As demonstrated in extract 2, Emma has preserved her competence to engage in dialogue with an “other.” In self-directed speech, she uses the pronoun *du* (“you,” singular),

addressing a conversational partner, as well as imperative verb forms and the turn-final token *jo* (“yes”), which can all be interpreted as other-directed features. Occurring at the end of her utterances, the response token *jo* gives the speech a certain rhythm and contributes to the impression that Emma is potentially involved in a conversation with an other who is invisible to other people [6].

If we make a comparison to Emma’s contributions in extract 1, we can see that the way she engages in dialogue differs between extracts 1 and 2. Extract 1 demonstrates both a preserved turn-taking ability and an ability to make assessments about an object at hand. In extract 2, however, Emma demonstrates a totally different type of language use than in the task-based interaction. The self-directed speech consists of fragmentary narratives in which Emma seems to be talking about unspecified persons, circumstances, and events, as well as assessing these circumstances [25]. Thus, extract 2 demonstrates Emma’s ability to produce more elaborate and complex linguistic structures than she does in extract 1.

Relationship-oriented Interaction

Only occasionally do Emma and her caregivers have conversations that are not related to caregiving tasks but, rather, are social- or relationship-oriented. This section is dedicated to the study of one of these more unusual cases, which is solely relationship-oriented. In this case, a trainee named Veronica interacts with Emma without simultaneously performing a caregiving task.

Before extract 3A begins, Veronica has initiated a social conversation with Emma, asking how she is doing. When Veronica asks Emma whether she has had breakfast, and Emma indicates no, Veronica becomes confused. She asks again, and when Emma repeatedly denies it, she asks another nurse, Tina, about a glass of berry juice on a table behind Emma’s armchair (l. 2). Veronica is a new trainee at the care facility, and she seems to be having trouble

deciding what to believe. On one hand, Veronica has just entered the room, so it is impossible for her to know whether Emma is telling the truth. On the other hand, Emma is seated in an armchair where she is usually taken after finishing her breakfast. Furthermore, as a trainee in a facility for persons with dementia, Veronica probably knows that the reality of persons with dementia often differs from the reality of the other people present [26]. Because she has difficulty determining what to believe, she turns to Tina again, as an external authority. After Tina's response (l. 7), Emma turns toward Veronica and produces an utterance with a similar construction to those she uses in self-directed speech (l. 9).

3A Warming hands 1 (E = Emma, elderly lady; V = Veronica, trainee; T = Tina, nurse)

01 *((0.8: Veronica looks at a glass of berry juice that's on a
table behind Emma's armchair))*

02 V: e de där hennes saft som e där bak
*is that her juice that's behind there ((looks toward
the kitchen))*

03 *((1.2: Emma is picking her nose))*

04 E: ja: =

yea: h =

05 V: =TINA

06 (0.4)

07 T: ((utom bild:)) *ja vet int*

*((outside the picture:)) *I don't know**

08 *(1.5) ((Veronica looks at Emma))*

09 E: <(säg) där en liten flicka jo: [(som -), >

Muotoiltu: ruotsi (Ruotsi)

Muotoiltu: suomi

Muotoiltu: ruotsi (Ruotsi)

Muotoiltu: ruotsi (Ruotsi)

<(say) a little girl there ye:s [(that/who/like -),>

10 V: [ska du int ta handen

Muotoiltu: ruotsi (Ruotsi)

[shouldn't you put your hand

11 under täcke så ha-, ((flyttar Emmas hand

under the blanket so ha-, ((takes Emma's hand

12 under filten)) (0.4) OJ va du ha kalla händer ((håller

under the blanket)) (0.4) OH how cold your hands are

13 Emmas hand mellan sina egna händer))

Muotoiltu: ruotsi (Ruotsi)

((holds Emma's hand between hers))

14 (0.7)

Muotoiltu: ruotsi (Ruotsi)

15 E: e de så ((ser på Veronica))

is it so ((looks at Veronica))

16 (0.3)

17 V: jå:

yea:

18 (0.9)

19 E: aj:

oh:

20 (0.5)

Muotoiltu: ruotsi (Ruotsi)

21 V: jå: (0.8) [borde ja lite värma dom

yea: (0.8 [should I warm them up a little

22 E: [jo

[yes

Emma's statement in line 9 is followed by Veronica focusing on Emma's physical

well-being by suggesting that she put her hands under the blanket. Veronica is not responding to the content of Emma's speech but instead changes the subject. There are probably various reasons for Veronica's non-responsiveness. One reason might be the vagueness of Emma's speech in line 9: she is neither demonstrably aligning with the previous subject (the breakfast) nor introducing a new subject in a recognizable way. Emma's speech is built up in a more elaborate way than typically found in her contributions to interactions. On one hand, she introduces the noun *flicka* "girl" in a similar way as *pojke* "boy" in extract 2 (ll. 5, 9), and, in extract 3A, *en liten flicka* ("a little girl," l. 9). On the other hand, she ends a clause construction with the discourse particle *jo* "yes," which is also typical of her self-directed speech sequences [6]. In extract 3A, Emma seems to be utilizing the linguistic resources more typical of her self-directed speech sequences in an interaction with another person. She could be referring to the young trainee as "a little girl," but she is not addressing her directly and is also talking about her in the third person. At the same time, she begins her utterance with the imperative form *säg* "say" and the deictic adverb *där* "there." As such, Emma's contribution is difficult to interpret and respond to, both subject-wise and linguistically.

Intriguingly, Emma's response to Veronica in line 15 demonstrates a preserved ability to respond to others in various ways. First, it shows preserved turn-taking skills: she produces a response to Veronica's assessment in the correct sequential position. Second, her question *e de så* ("is it so") demonstrates an adequate reaction to the assessment of her hands as cold. Veronica's assessment is based on her experience of holding Emma's hands, not on Emma's own experience of her hands. Therefore, Veronica has primary access to her experience of Emma's hands. Thus, by asking *e de så* ("is it so"), Emma demonstrates an understanding of the fact that she does not have primary access to Veronica's experience of her hands. Also, her news-receipt token *aj* ("oh," l. 19) indicates that Veronica's experience of the coldness of her hands is news to her. In line 21, Veronica suggests that she should warm Emma's hands,

and Emma agrees. Shortly thereafter, Veronica starts warming Emma's hands by rubbing them. Extract 3B features the same interaction. Veronica is still seated next to Emma and rubbing her hands.

3B Warming hands 2 (E = Emma, elderly lady; G = Georgina, elderly lady; V = Veronica, trainee)

- 01 E: fã se så *(ja)*,
*let's see (-) *(yes)**,
02 (.)
03 V: ja: (0.4) vi får se hur de blir
ye:s (0.4) we'll see how it goes ((rubs Emma's hands))
04 (.)
05 E: ja::?
ye::s?
06 (0.4)
07 V: jā
yeah
08 (1.5)
09 E: när de e så där stor
when it's such big
10 (0.7)
11 V: vā e stor
what is big
12 (1.1)

13 E: där sto:
it was written the:re

14 (0.8)

15 V: var står
written where

16 (2.5) ((Emma moves her gaze from Veronica))

17 E: där jo: (2.5) ett jo: *jo (0.6) jo: *
*there ye:s (2.5) a/an/one ye:s *yes (0.6) ye:s**

18 (0.3)

19 V: ((chuckles and rubs Emma's hand))

20 E: jo-o (.) vi [e vackert
ye-es (.) we [are beautifully

21 G: [de e världen e så
[it is the world is so

22 [stor så st]or
[big so bi]g ((outside the picture))

23 V: [va e vackert]
[what is beautiful]

Muotoiltu: englanti (Yhdysvallat)

Emma's utterance in line 1 ("let's see, yes") could be interpreted as a response to something, but the context does not provide a clear idea about what she is reacting to. Veronica partially responds to Emma by repeating her words (l. 3). After both parties' confirming response particles (ll. 5, 7), the subject could come to an end. However, Emma continues by saying *när de e så sär stor* ("when it's such big," l. 9), leaving out the word that the adjective *stor* "big" specifies. In her utterance, she utilizes the Swedish presentation construction *de e*

X “it is X,” which is frequent in her self-directed speech sequences (see extract 2 above). Veronica puts forth a clarifying question (l. 11), asking for the head word that the adjective *stor* “big” characterizes. Emma answers by saying *där sto*, which would normally mean “it was written there.” This leads to another clarifying question by Veronica (l. 15), who asks “what was written?” However, *där sto* in line 13 could also be seen as an incomplete repetition of the two last words (*där stor*) in line 9. At this point, Emma withdraws her gaze from Veronica and produces several response particles (l. 17), which is a pattern typical of her self-directed speech sequences. She seems to be withdrawing from the interaction, but, when Veronica chuckles and rubs her hands, she produces an utterance in which she states *vi e vackert* (“we are beautiful,” l. 20). Here, Georgina interrupts by quoting a Swedish children’s song (ll. 21–22). Veronica then asks another clarifying question (l. 23).

The relationship-oriented interaction in extract 3 is, in many respects, different from the task-based interaction in extract 1. Whereas in extract 1, Emma mostly produces minimal response particles, in extract 3, she combines response particles with the situation-related deictic elements and constructions that she uses more frequently in her self-directed speech. However, extract 3B demonstrates interactional complexity. In her clarifying questions regarding Emma’s somewhat unclear utterances in lines 9, 13, and 20, Veronica picks up single content words in Emma’s previous statements and poses questions related to them (*stor-stor*, ll. 9 and 11; *sto-står*, ll. 13 and 15; and *vackert-vackert*, ll. 20 and 23). Veronica’s questions investigate the meaning of these simple content words, simultaneously adding a sense of topical continuity to the conversation. However, Emma’s responses to the questions are equally difficult to interpret and, as such, result in new clarifying questions. Because Emma does not extend the conversational thread beyond the repeat and does not explain what she means, Veronica does not succeed in achieving greater understanding between them. Even though the clarifying questions in extract 3B result in a greater variation in the contributions

produced by the person with dementia, they do not necessarily contribute to creating shared meaning between the co-participants, which is demonstrated in extract 3B's sequential trajectory.

Conclusion

Our analysis demonstrates how the language of one speaker with dementia varies among task-based interaction, relationship-oriented interaction, and self-directed speech. In general, she speaks more and uses more elaborate linguistic structures in self-directed speech than in interaction, in which most of her contributions consist of minimal response particles. However, she uses more varied linguistic structures in the analyzed relationship-oriented interactions than in the task-based interactions. At the same time, the meaning of her contributions is often difficult to grasp and does not become clear, even though the conversational partner poses clarifying questions focusing on the content of Emma's utterances.

Previous research [18] has suggested that a greater orientation toward communication is key in high-quality care and for facilitating the communication potential of persons with dementia. Our results also demonstrate that Emma is capable of speaking more and using more varied linguistic structures when her contributions are not controlled by the previous utterances, as in her self-directed speech sequences and when she engages in relationship-oriented interaction. However, having a relationship-oriented conversation with a person with dementia is challenging, as we have seen from Veronica's attempts to comprehend Emma's contributions, particularly in the last extract analyzed. Emma seems to be incapable of producing responses that would facilitate the understanding of her previous utterances; as such, more varied linguistic contributions do not necessarily lead to improved understanding. Having a conversation with a person with dementia demands continuous adjustments from the conversational partner.

Though recommended as a tool to improve care, relationship-oriented interaction with persons with dementia is a multifaceted phenomenon. On one hand, it seems to stimulate persons with dementia to produce more varied contributions than task-oriented interaction. On the other hand, engaging in socially-oriented interaction with a person with dementia might lead to confusion and be challenging for the conversational partner. What, then, is a good conversation with a person with dementia? How can conversation be implemented as care?

Based on our results, we question the dichotomy between task-based and relationship-oriented interactions as a means to achieve well-being for persons with dementia. As we demonstrate, non-compliance in task-based interaction leads to more elaborate language from the person with dementia. Furthermore, there are certain communication challenges associated with relationship-oriented interaction. Therefore, we also want to underscore the importance of task-based interaction in maintaining relationships with persons with dementia. This finding is in line with the previous results of [27,28]: communication can be improved and person-centered communication sustained by concentrating on daily care activities. As stated in [28,p.653]: “performing care tasks does not need to be a one-directional endeavor.” Thus, good conversation can be conducted while, for example, combing someone’s hair, and not necessarily only when sitting side by side on the couch.

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Declaration of Interest

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Transcription symbols [29]

(but)	parenthesized words are possible hearings
(-)	not hearable
[but	overlapping speech
(())	transcriber's comments
<u>but</u>	emphasis
but	silent voice
=but	no gap between two lines
(mt)	clicking sound
<but>	talk at a slower pace than the surrounding talk
but	smiling voice
-	cut-off (bu-)
:	lengthening of a sound (bu:t)
↑	rising intonation before unit
?	rising intonation after unit
(.)	very small gap, less than 0.2 seconds
(0.6)	silences timed in 10ths of a second

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